Royal College of Nursing
2020 International Year of the Nurse and Midwife

Consultation guidelines (End of life care): Having Courageous Conversations by Telephone or Video, during the COVID-19 Pandemic

10 Top Tips

Scope:

These guidelines have been developed to support nursing staff who are having to initiate challenging and courageous conversations remotely. They have been designed using the principles for having such conversations in a face to face setting but with the need to do this remotely over the phone or potentially by video. The guidelines are designed in the context of the coronavirus (COVID-19) situation and they provide a framework and some useful pointers.

Pre-checks to consider may include how this is completed (for example, for hard of hearing/ English not a first language/cognitive impairment etc.). Acknowledging the difficult time frames we have available to undertake these challenging conversations we have condensed them in to **10 Top Tips.**

10 Top Tips

1	**Prior to the conversation consider**
	Environment: Wherever possible ensure you have a quiet and private space to have the telephone/video conversation. **Refusals:** If the person expressed that they do not wish to proceed with the conversation, respect their choice, assure them they can reconsider at any time. Advise them how to contact you or in your absence who to contact, assure them that they will be supported. **Documentation:** Record details of the conversation clearly. Be specific about how this information was obtained, offer a copy to the person either via email or post. Ensure you document this was a telephone/video call occurring during the COVID-19 pandemic.
2	**Introduction**
	Hello my name is... My role is... Following the principles of confidentiality, check that the person is the person you want to speak with. **Who am I speaking to?** Following the principles of mental capacity legislation, check that they can hear and understand you. Are they able to talk freely? If you have reason to suspect that they are having any difficulty with understanding or communication, ask if there is someone with them who could join the conversation and help them. If a friend or relative joins the call at any stage, say '**Hello. My name is .....**' again and reiterate the reason for your call. **Establish and document the name of the friend or relative and their relationship to the person.** Is there any potential to offer a call back at a more appropriate time for the person (this may or may not be possible)?

3	**Establish the reason you are making the telephone consultation**
	'Unfortunately, during the COVID-19 crisis, we can't visit people at home, so I have had to contact you by phone. I am calling today to see how you are feeling as I understand you have _____*.' **Wait for their response** before continuing, as this will guide you in taking the conversation forward. Try to establish and document their current symptoms, disabilities and needs. * insert person specific detail such as been in hospital recently/had treatment for cancer/lung condition etc.
4	**Suggest/invite planning**
	'I would also like to discuss some important things about your care and treatment. Would that be OK?' (If not already done) **'Do you have anyone with you who you would like to include in this conversation?** **If so, can you put your phone on loudspeaker?'** Wait for the person to join and reintroduce yourself and the reason for the call.
5	**Establish shared understanding of their condition and potential for sudden deterioration**
	Start by repeating your understanding of their health condition and their current symptoms, disabilities and needs. **Check that their understanding is the same –** **'What's your understanding of your present condition?'** **'Have you had a chance to think about how and why your health may suddenly get much worse, or about what care and treatment you might need or want if that happened?'** **Wait for their response.** Then explain, discuss and agree why and how their condition may suddenly deteriorate and need consideration of emergency care and treatment. Explain that they may not be well enough to make decisions about their treatment in those circumstances, so making a plan in advance can help to ensure that we respect their wishes.
6	**Agree the person's priorities and goals of care**
	What's important to you? **Ask about the things that matter to them most in life.** Go on to discuss and agree a shared understanding of what their **priorities would be if they became critically ill**. For some it will be receiving all treatment (even involving some risk or discomfort) if it has a realistic prospect of achieving recovery, for others it will be to receive only treatment to ensure their comfort when they are very ill, and for many it will be a balance between these extremes. If the person is clearly finding it difficult (now or at any stage), **'I realise that it can be difficult to talk about these things, but if we are able to do this now we can help you to make a plan that will help us give you the treatment that is right for you, and help your family to support you.** **Pause and listen**. **Feed back** to the person what you believe they have said and **ask**, **'Is that right?'** Document the agreed priorities and goals of care.
7	**Discuss and agree realistic care and treatment recommendations**
	Discuss and agree recommendations for realistic emergency care and treatment that might be considered for them to help achieve their goals of care. Then **discuss and agree** recommendations that they should not receive any unwanted treatments. Then discuss and agree recommendations that treatments that would not offer any realistic chance of helping them achieve their goals of care should not be given. **Take care** to avoid seeming to 'offer' treatments that would not be given, because they would not work for the person. **Pause and listen**. **Feed back** to the person what you believe they have said and ask, **'Is that right?'** Document the agreed recommendations.

8	Discuss and agree a recommendation about CPR
	'May we discuss what we should do for you if your heart stops beating or you stop breathing? Wait for response. We want to make sure that we give you the best possible treatment, and that we don't burden you with treatment that you wouldn't have wanted or that could be harmful. **Develop this conversation according to the person's response.** Be honest, and realistic. Support the person in understanding that in some circumstances, CPR will not work or could cause harm to the person (or to those trying to care for them), and in understanding whether those circumstances may apply in their current situation. **Again, take care** to avoid seeming to 'offer' treatments that would not be given, because they would not work for the person.
9	**Any other concerns?**
	I realise all this may be difficult. Is there anything else that you (or your family) are worried about or would like to ask me about? This may generate a huge variety of replies, that may include disabilities, distressing symptoms, concern about family and/or pets, spiritual/cultural concerns etc. **Pause and listen**. **Feed back** to the person what you believe they have said and ask **'Is that right?'** Document these replies, respond within your ability to do this, and, if appropriate and achievable, refer on to specific services for further support. Explain to the person what you will arrange, but don't make promises on behalf of others (e.g. regarding their speed of response to your referral).
10	**Follow-up**
	Consider whether follow-up is needed and, if so, what achievable follow-up can be arranged. Offer this to the person (some may decline and must not be forced to accept it). Explain when and how the person will be followed up if accepting. Make robust arrangements for this to happen and document these. **Again**, **offer a record** of this conversation via email or post.

Further RCN Resources:

RCN Coronavirus rcn.org.uk/covid-19

What you need to know FAQ rcn.org.uk/get-help/rcn-advice/covid-19

Clinical guidance rcn.org.uk/get-help/rcn-advice/covid-19
Includes sections on Palliative care and End of life, Ethical guidance and rationing of services.

RCN DNACPR-COVID-19 including the joint RCN NMC statement
rcn.org.uk/clinical-topics/end-of-life-care/covid-19-guidance-on-dnacpr-and-verification-of-death

RCN resources: End of Life Care

End of life care rcn.org.uk/clinical-topics/end-of-life-care

Advanced care planning rcn.org.uk/clinical-topics/end-of-life-care/advance-care-planning

Bereavement support rcn.org.uk/clinical-topics/end-of-life-care/bereavement

RCN care home journey
rcn.org.uk/clinical-topics/older-people/professional-resources/care-home-journey